

VENEREAL DISEASE CONTROL: METHODS, OBSTACLES AND RESULTS

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This is really a report of progress. Co-operation of the Government with state health departments has produced such results that the backward step of discontinuance can never be taken. The problem of preventing venereal disease has become one of the principal phases of preventive medicine and physicians and health officers can not possibly longer remain indifferent.

One object in discussing the methods, obstacles and results of the venereal disease control program is to bring forth constructive criticism which will enable the state boards of health and the Public Health Service to improve the methods, remove the obstacles and thereby secure more satisfactory results. The desired objective can be accomplished when the cause and serious nature of these diseases are generally understood; the necessity for treatment of infected persons is appreciated; a sympathy and understanding of the general problem is developed; and when each local community has accepted responsibility for enforcing measures that will make the spread of venereal diseases more difficult.

METHODS.

The foundation for the plan to be used in combatting venereal diseases in the United States was expressed in the Act of Congress creating the Division of Venereal Diseases in the Public Health Service. The method was stated as one of the duties of the Public Health Service—"to co-operate with state boards or departments of health for the prevention and control of such diseases within the states." The entire program has been created upon this principle—one of co-operation between the Public Health Service and the various state boards of

health. It should be remembered that at the time this responsibility was placed upon the Public Health Service, the country was involved in war, and there was necessity for immediate action. The fighting forces, actual and potential, urgently required protection. It was, therefore, necessary to launch at once a campaign for the prevention and control of a group of dangerous, communicable diseases which differed from all other communicable diseases for the reason that social, moral, economic, ethical and psychological problems had to be considered in addition to the medical measures. To add to these complications, it was necessary to plan a comprehensive and uniform system for the control of venereal diseases which would be applicable to the entire United States, which could be operated by a practically untrained personnel and which, furthermore, would fit in as a part of the other activities of the state boards of health. It is evident, therefore, that no easy task confronted the Public Health Service and the various state boards of health. The difficult conditions were met, however, by concerted action on the part of the state boards of health until at the present time a practically uniform method for the control of venereal diseases is actually in operation in the United States. The de-

tails of the plan have been discussed in numerous articles appearing in the Public Health Reports during the past two years and as these details are familiar to health officers and other sanitarians it is unnecessary to discuss them here.

It has been customary in discussing the plan to group the various activities as medical, educational, legislative and social measures. However, no arbitrary grouping of these measures is possible. Medical effort is in the best sense educational. Education in this field includes medical and legislative information, and both are vitally social in addition to the activities of a distinctly sociological nature on which the permanent control of syphilis and gonorrhea, as of other communicable diseases, depends.

OBSTACLES.

Without devoting time to the discussion of the methods used, since they are a matter of record and can be studied by anyone interested, it would be of interest to refer briefly to some of the obstacles encountered so that in further development of methods these obstacles may be more easily overcome.

One of the greatest obstacles encountered has been, in my opinion, the reluctance of a certain percentage of practicing physicians to participate wholeheartedly in the program for venereal disease control and report their venereal infections to their state board of health. This attitude on the part of certain doctors was expected and is being gradually overcome. The same reaction occurred when tuberculosis was made reportable many years ago, the argument being advanced then that a stigma would be placed upon the family by the physician reporting cases of tuberculosis, a stigma which would prevent the social and economic advancement of the tuberculous family. This view has of course long since been proven erroneous and now the general population of the country is more or less educated as to the value of re-

porting communicable diseases with the exception of gonorrhea and syphilis. The co-operation of physicians in reporting venereal diseases is, however, developing rapidly and each month shows progress. Reporting by serial number only, except under certain conditions, the plan adopted by forty states, certainly removes the objection that professional confidences are violated by reporting gonorrhea and syphilis to the state board of health. The conditions under which the name and address of an infected person are to be reported being the failure of the infected person to observe precautions to prevent the spread of the disease to others or failure to continue treatment, are such as to legally forfeit any personal rights the patient may have possessed. It is a well established principle of constitutional law that no individual right or privilege can be claimed which reacts to the detriment of the rest of the community or the general public.

The reason that reporting by serial number was endorsed by the Public Health Service, rather than by name on the first report as with other communicable diseases, was because reporting by serial number furnishes data regarding the prevalence of these diseases and, further, because it was believed to be impossible to quickly get forty states to include syphilis and gonorrhea among the diseases to be reported by name until the program for control of these diseases was better understood and its value more appreciated. The time will come when reliable data regarding syphilis and gonorrhea will be on file in the various state departments of health to show the exact progress that is being made in limiting the spread of these dangerous, communicable diseases.

Another obstacle to the progress of the work has been the lack of information on the part of the general public regarding the serious consequences of the venereal diseases. This lack of information has been due partly to the indifference

of many physicians towards persons infected with venereal diseases. The method of treatment of individual cases and the advice given for preventing the spread of the infection, has been such as to lead infected persons to regard their condition lightly. False modesty and prudery has prevented the discussion of these diseases by intelligent laymen and therefore but little authentic information was available until very recently.

This ignorance of the general public has been not only of uneducated persons, but of the business men and leaders of the community. Contrast the opinion of the ordinary substantial citizen of your community with the opinion of Sir William Osler, who said, "From the standpoint of race conservation, gonorrhea is a disease of the very first rank. It costs the country, annually, thousands of lives. With 30 or 40 per cent of all congenital blindness, with chronic pelvic mischief in women and with the unhappiness of sterile marriages—with these and many other minor ailments scored up against them, we may say that while not a killer, as a misery producer Neisser's coccus is king among germs." Contrast also the view of the business man in regard to syphilis with the actual facts in regard to this infection. Comparatively few people realize that syphilis is one of the greatest killing diseases; that all of the deaths now accredited to locomotor ataxia and general paralysis of the insane are due to syphilis; that many deaths now attributed to organic diseases of the heart, diseases of the arteries, aneurism, cerebral hemorrhage, apoplexy, Bright's disease and encephalitis, are really due to syphilis. Nor is it realized that a tremendous burden of taxation is placed upon every community as a result of the sequelae of improperly treated cases of syphilis and gonorrhea. This ignorance regarding venereal diseases is rapidly being overcome by the educational campaign carried on by the various state boards of health. In the educational cam-

paign the previous reticence of newspapers and other publicity agencies in informing the public regarding sex problems and venereal diseases, is being rapidly changed. In addition to developing proper publicity leading to the discussion of these diseases, it is necessary to restrict the misleading publicity given to remedies advertised for the self-treatment of venereal infections and the false statements of unscrupulous persons promising impossible cures.

Another obstacle to the successful prosecution of the program for venereal disease control has been the mistaken opinion held by many honest persons that regulated prostitution is necessary and cannot be eliminated. The result of following this opinion has been responsible in many communities for hindering the venereal disease control program of state boards of health.

The advocates of segregation claim that this measure concentrates prostitution, thus facilitating the control and reduction in the number of prostitutes. The truth is that segregation increases prostitution, making it familiar by continual advertising. A segregated district offers a place of commerce to the least competent of prostitutes, mentally and physically.

The advocates of segregation also claim that such a procedure prevents crimes against women. The actual facts are that the existence of houses of prostitution incite to crimes against women by fostering sexual promiscuity and providing a source of sexual brutalization and degeneracy.

It has also been claimed that segregation protects a community from offensive and detrimental proximity of prostitutes, whereas the truth is, that it exposes the community to this condition. By advertising prostitution as a community necessity and by making prostitutes easily accessible and tolerated, a condition is established conducive to the spread of venereal diseases within the community.

Another obstacle in the progress of the campaign has been the hesitancy of health officers to assume any function which would tend to indicate that they were departing from the usual methods of controlling communicable diseases. For instance, some health officers believe that it is not a function of the health authorities to be interested in the operation of laws having for their purpose the abolition of prostitution, this being regarded as strictly a police function. As a matter of fact, all of the power of boards of health are police powers and the laws enacted for the elimination of prostitution are, so far as health departments are concerned, laws to prevent or at least make difficult, contact between healthy persons and persons infected with dangerous, communicable diseases. When health officers accept this viewpoint, considerable progress will be made in controlling venereal infections.

RESULTS.

The results to date of the co-operative work of the Public Health Service and the state boards of health for the control of venereal diseases cannot adequately be summed up with statistical data, but some of the outstanding facts may be briefly mentioned. The requirement that venereal disease be reported to state boards of health is gradually being met by the practicing physicians of the country. In response to a circular letter sent to physicians, 60,666 have signed a written statement to the effect that they intend to co-operate with their state board of health by reporting cases of venereal diseases. The records for the fiscal year ending June 30, 1919, showed that in forty-two states, 239,502 cases of venereal disease have been reported. Of these, 131,193 were gonorrhea, 100,466 were syphilis and 7,843 were chancroid.

These figures show plainly how syphilis and gonorrhea are regarded by both the laity and physicians. It is generally accepted as a fact that there are at least

five times as many cases of gonorrhea as syphilis, but during the past year the number of cases of gonorrhea reported exceeded the number of cases of syphilis only about 30 per cent. This, in my opinion, shows that gonorrhea is still regarded as a relatively unimportant disease. The total number of cases reported is not great, but it should be remembered that many of the states did not have laws or state board of health regulations requiring these diseases to be reported until late in the year.

Another evidence of progress is the increased number of free clinics where cases of venereal disease may receive proper treatment. On June 30, 1919, the various state boards of health reported that there were approximately 260 free venereal clinics being operated under their direction. Many of these clinics are not yet making monthly reports to the Public Health Service, but 162 clinics that did report during the fiscal year ending June 30, 1919, treated 64,164 persons. These figures may also be criticised as insignificant, but when it is remembered that during the previous year no reports were available and that during the year in question only about one-half of the clinics made reports, it is felt that very substantial progress is being made towards securing prompt and efficient treatment for persons infected with venereal diseases. This progress is at an increasing rate, this being definitely shown by the reports for the month of July, 1919, when 5,642 new patients were admitted for treatment to 131 clinics whose reports were available at the time this paper was prepared.

The results of educational and publicity measures cannot be adequately expressed in figures. It is known that the various state boards of health and the Public Health Service have prepared and distributed more than fourteen million separate pieces of literature, mostly leaflets, on the question of venereal disease. The real effect of this widespread publicity

can never be definitely known, but all those in touch with the problem know that one effect has been to greatly stimulate interest on the part of the general public in this phase of public health work. It is also known that the general public are appreciating more and more the necessity for prompt and efficient treatment of these infections. This is shown by the reports to the effect that the practice of all specialists in genito-urinary and venereal diseases has greatly increased during the past year. Seventy-seven thousand two hundred and ninety-eight individual letters have been received by the Public Health Service asking for literature in regard to the venereal diseases, and 1,339 letters have been received in which the writer frankly stated that he had gonorrhea or syphilis, and asked for advice.

The problem of preventing venereal diseases has been removed from the list of neglected opportunities and made one of the principal phases of preventive medicine toward which it is no longer possible for the individual physician or health officer to maintain an isolated or indifferent attitude.

CONCLUSION.

To sum up briefly the methods, obstacles and results of the program for

venereal disease control, I am of the opinion that the following is a fair statement of the present status of this work:

The method was definitely determined by Congress and is in actual operation—that is, co-operation between the various state boards of health and the Public Health Service for the prevention and control of venereal diseases.

All obstacles could be entirely removed if sufficient funds were provided to employ trained and enthusiastic personnel to actively stimulate the various phases of the program and secure the interest of business and professional men.

The result of the work up to the present time has been to put into action an increasingly great organization of business and social agencies interested in co-operating with health authorities for the elimination of these dangerous communicable diseases. The work has acquired such a status that it is absolutely out of the question that it should ever be discontinued or even be seriously interfered with. Therefore, we may confidently look forward to the future with the assurance that every official health agency of the United States will gradually increase its facilities for meeting today's world problem in disease prevention.



DISCUSSION

In the discussion of Major Pierce's paper, *Thomas W. Jackson, M.D.*, Assistant Commissioner of Health of Pennsylvania, spoke in place of the Commissioner, Edward Martin, who was regretfully absent from the meeting. The discussion outlines the program and principles underlying the attack on the problem of venereal disease control in that Commonwealth.

"In Pennsylvania we have a major campaign," said Dr. Jackson, "and a minor campaign. Most of our time, effort and money are spent in the major campaign but the minor one is not neglected although it is recognized as minor."

Our Major Campaign embraces the following objects and measures:

I. The elimination of the prostitute.

The feeble-minded of this class are to be institutionalized; the subnormal and normal are to be put at self-supporting work. All are to be rendered non-contagious.

Our means of accomplishing these ends are (a) the application of existing, adequate laws, enforced through and by local health committees of able and determined women, who form an integral part of the State Health Department in all counties and communities. In our state the *County* is the administrative unit. (b) The utilization of hospitals, reformatories, county infirmaries, asylums and the